

**HEPATITIS B VACCINATION SERIES
EMPLOYEE STATEMENT**

Body Art Establishment Name: _____

Practitioner Name: _____

Address: _____

Telephone Number: _____

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- ☐ **YES**, I was offered and completed the Hepatitis B vaccination series

The dates of the series were:

#1: _____

#2: _____

#3: _____

I received the vaccination series at: _____

- ☐ **NO**, I was offered and declined the Hepatitis B vaccination series

Signature of Practitioner: _____ Date: _____

For more information on the Hepatitis B Vaccination Series contact:

3Your Doctor, Nurse or clinic

Taunton Walk-In Health Clinic @ 508-822-2311

Route 44 Medical Walk-In @ 508-824-1476

3The Taunton Board of Health @ 508-821-1400

3The Massachusetts Department of Public Health, Immunization Program @ 617-983-6800

or toll-free @ 888-658-2850

Southeast Immunization Office, Lakeville @ 508-947-1231

3The Massachusetts Department of Public Health website @ <http://www.magnet.state.ma.us/dph/>

3The Occupational Health and Safety Administration (OSHA) Region I Office @ 617-565-9860